

YellowCard®**SUSPECTED ADVERSE DRUG REACTIONS**

If you are suspicious that an adverse reaction may be related to a drug or combination of drugs please complete this Yellow Card. For reporting advice please see over. Do not be put off reporting because some details are not known.

PATIENT DETAILS Patient Initials: _____ Sex: M / F Weight if known (kg): _____
 Age (at time of reaction): _____ Identification number (Your Practice / Hospital Ref.)*: _____

SUSPECTED DRUG(S)

Give brand name of drug and batch number if known Route Dosage Date started Date stopped Prescribed for
 _____ _____ _____ _____ _____ _____

SUSPECTED REACTION(S)

Please describe the reaction(s) and any treatment given:

Outcome

Recovered
 Recovering
 Continuing
 Other

Date reaction(s) started: _____ Date reaction(s) stopped: _____

Do you consider the reactions to be serious? Yes / No

If yes, please indicate why the reaction is considered to be serious (please tick all that apply):

Patient died due to reaction <input type="checkbox"/>	Involved or prolonged inpatient hospitalisation <input type="checkbox"/>
Life threatening <input type="checkbox"/>	Involved persistent or significant disability or incapacity <input type="checkbox"/>
Congenital abnormality <input type="checkbox"/>	Medically significant; please give details: _____

OTHER DRUGS (including self-medication & herbal remedies)

Did the patient take any other drugs in the last 3 months prior to the reaction? Yes / No

If yes, please give the following information if known:

Drug (Brand, if known)	Route	Dosage	Date started	Date stopped	Prescribed for
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Additional relevant information e.g. medical history, test results, known allergies, rechallenge (if performed), suspect drug interactions. For congenital abnormalities please state all other drugs taken during pregnancy and the last menstrual period.

REPORTER DETAILS

Name and Professional Address: _____

CLINICIAN (if not the reporter)

Name and Professional Address: _____
 _____ Post code: _____

Post code: _____ Tel No: _____

Tel No: _____ Speciality: _____

Speciality: _____

Signature: _____ Date: _____

If you would like information about other adverse reactions associated with the suspected drug, please tick this box

* This is to enable you to identify the patient in any future correspondence concerning this report
 Please attach additional pages if necessary

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Remember if in Doubt - Report

SUSPECTED ADVERSE DRUG REACTIONS REPORTING ADVICE

New Black Triangle (▼) Drugs - report ALL suspected adverse reactions

(New medicinal drugs can be identified by the presence of a black triangle (▼)
both on the product information for the drug and in the BNF and MIMS)

Other Drugs - only report SERIOUS suspected adverse reactions

For instance those which are:

- Fatal
- Life threatening
- Involves or prolongs inpatient hospitalisation
- Involves persistent or significant disability or incapacity
- Congenital abnormality
- Medically significant (please exercise your judgement)

Please remember the areas of particular concern- delayed drug effects, the elderly, congenital abnormalities, children (including offlabel use of medications) and any herbal remedies

For more information contact:

- The National Yellow Card Information Service on Freephone 0800-7316789
- The MHRA website <http://mhra.gov.uk>
- Reporters can send suspected adverse drug reaction reports by electronic Yellow Card, via the MHRA website.
- More detailed guidelines are given in the BNF

DO NOT BE PUT OFF REPORTING BECAUSE SOME DETAILS ARE NOT KNOWN

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